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Bib Data Sheet

CONFIRMATION NO. 9581

<b>SERIAL NUMBER</b> 10/620,718	<b>FILING OR 371(c) DATE</b> 07/16/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> GM2:1006
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## APPLICANTS

Joseph L. Tallal JR., Dallas, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/396,883 07/17/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
10/16/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>S.R.R.</i> Examiners Signature Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 8
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## ADDRESS

34725

## TITLE

System, method and apparatus for direct point-of-service health care by using a multilevel marketing network

<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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